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3. NAME OF DECEASED (Type or print) LOIS GERTRUDE STEEBY S. SEX 6. COLOR OR RACE White White 103. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Attendant 134. FATHER'S NAME OVE Flaten OVE Flaten 155. SCANSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) IMMEDIATE CAUSE (b) IMMEDIATE CAUSE (c) IMMEDIATE CAUSE (c) IMMEDIATE CAUSE (d) IMMEDIATE CAUSE	S. NAME OF BECEASED First Middle Lest Last Last Death Day Year Toling or print) LOIS GERTRUDE STEEBY S. DATE OF BIRTH Pebruary 24 1962	S. NAME OF DECEASED First Middle Lest Lest Date Date Date Death Day Year Death Day Year Death	S. NAME OF DECEMBER First Middle Lest 4. DATE Morth Day Year DEATH DIS GERTRUDE STEEDSY STEEDSY STEEDSY DEATH February 24. 1962	S. NAME OF DECEASED First Mindle STEEDBY STEEDBY DATE OF BIRTH Februarry 24, 1962	ATE AMENDED	1. PLACE OF DEATH a. COUNTY Buchanan b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR 2. USUAL RESIDENCE (Where deceased lived. If institution: Res a. STATE Missouri C. CITY OR TOWN St. Joseph Y C. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR ADDRESS (If cutside, give location) Res ADDRESS	edmission) Inside Limits 'es ∰ No □
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MAR 5 1962

APR 10 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is reco	orded on the reverse side of this certificate was embalmed by me,
or by	, Student Embalmer No
working under my personal supervision.	0000
StudentSignature of Student Embalmer	- Signed - Charles & Bennet

Licensed Embalmer No. 46 27

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.